

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/979 807		FILING DATE 02/05/01	
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12	1						62				
13		1					63				
14			1				64				
15				1			65				
16					1		66				
17						1	67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32	1						82				
33		1					83				
34			1				84				
35				1			85				
36					1		86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	36						TOTAL CLAIMS				